



NEBRASKA TOBACCO QUITLINE-MEDICAID

FAX REFERRAL FORM: FAX #: (800) 483-3114

Fax must be filled out IN FULL by prescriber or pharmacist

PLEASE PRINT CLEARLY. HARD-TO-READ HANDWRITING DELAYS SERVICES

1. Print Patient Name (Last, First): _____ 2. Date: _____
3. DOB: ____/____/____ 4. Check if pregnant: _____ 5. Check if Spanish speaking: _____
6. Patient Medicaid ID# (11 digits): _____
7. Provider Name: _____
8. Provider Address (Street/City/State/Zip): _____
9. Provider E-mail: _____ 10. Provider Phone: (____) _____ - _____
11. Check Fax Sender: _____ Pharmacist _____ Prescriber 12. FAX Number of Sender: (____) _____ - _____

PLEASE GIVE A COPY TO THE PATIENT BEFORE FAXING TO THE NEBRASKA TOBACCO QUITLINE AT: (800) 483-3114

Patient Initials

I give my permission to my health care provider to fax this information to the Nebraska Tobacco Quitline. I understand this is a free service.

Patient Initials

I am already enrolled in the Nebraska Tobacco Quitline telephone counseling program.

Patient Initials

If I am not available when the Quitline calls to enroll me in the program, I give the Quitline permission to send a letter and/or leave a detailed message on my voice mail or with the person who answers the phone.

Patient Initials

I am aware that information about my Quitline enrollment will be sent to my healthcare provider(s) listed above by the Nebraska Tobacco Quitline and I understand that I must actively participate in the Quitline telephone counseling program in order to access the cessation medication benefit.

Patient Signature: _____ Date: _____

Patient Address – Street: _____

City: _____, NE Zip: _____

Patient Phone #: (____) _____ - _____ Best Time to Call (Circle): AM PM Evenings Weekend

If prescription has been written, please check the products:

Nicotine Gum: _____ Varenicline: _____
(Chantix) _____
Nicotine Patch: _____ Bupropion: _____
(Zyban) _____
Nicotine Lozenge: _____ Nicotine _____
Nasal Spray: _____
Nicotine Inhaler: _____

The 5 A's for Practitioner office use

ASK: # of Cigarettes per day: _____

ADVISE: Discuss relevance, risks, rewards, roadblocks

ASSESS: No interest, later, ready, maintain, relapse

ASSIST: Counsel, materials, NRT

ARRANGE: Refer to Quitline, follow-up appointment